

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/860627 | FILING DATE
3-07-01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		W			
3	1		W			
4	1				W	
5	1		W			
6	1		W			
7	1		W			
8	1				1	
9	1		IV			
10	1		W			
11	1		W			
12	1		1			
13	1		W			
14	1		W			
15	1		W			
16	1		1			
17	1		W			
18	1		W			
19	1		W			
20	1		1			
21	1		W			
22	1		W			
23	1		W			
24	1		1			
25	1		W			
26	1		W			
27	1		W			
28	1		W			
29	1		W			
30	1		W			
31	1		W			
32	1		W			
33	1		W			
34	1		W			
35	1		W			
36	1		W			
37	1		W			
38	1		W			
39	1		W			
40	1		W			
41	1		W			
42	1		W			
43	1		W			
44	1		W			
45	1		W			
46	1		W			
47	1		W			
48	1		W			
49	1		W			
50	1		W			
TOTAL IND.	10	8	4	8		
TOTAL DEP.	42	←	75	←	←	←
TOTAL CLAIMS	52	19				

*	IND.	DEP.	*	IND.	DEP.	*
51	1	W				
52	1	W				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
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74		1				
75		1				
76		1				
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78		1				
79		1				
80		1				
81		1				
82		1				
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85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		1				
TOTAL DEP.		1				
TOTAL CLAIMS		1				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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